HEALTH CARE FINANCING ADMINISTRATION	CNID 140. 0505-0150
	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	2001 — 17 Florida
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2001
5. TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
42 CFR 440.130	a. FFY 2001 \$ -0- b. FFY 2002 \$ -0-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 3.1-A, page 2b.4 Attachment 3.1-B, page 2b.4	Attachment 3.1-A, page 2b.4 Attachment 3.1-B, page 2b.4
10. SUBJECT OF AMENDMENT:	
School-Based Psychological Services	
11. GOVERNOR'S REVIEW (Check One):	
 ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 	OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
- sol Muje	Mr. Bob Sharpe
13. TYPED NAME:	Deputy Secretary for Medicaid
Mr. Bob Sharpe 14. TITLE:	Agency for Health Care Administration Post Office Box 12600
Deputy Secretary	Tallahassee, Florida 32317-2600
15. DATE SUBMITTED:	Attention: Wendy Johnston
FOR REGIONALE	
7. DATE RECEIVED: December 27, 2001	GL DAN EARL ROVER
19 EFFECTIVE DATE OF APPROVED MATERIAL:	
October 1, 2001	on service the low or tight
21. TYPED NAME:	Z WE seed to be designed for this could be
Eugeback, Grasser	
23 REMARKS:	

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

10/1/01 (13d)

REHABILITATIVE SERVICES (Continued)

School-Based Psychological Services

Psychological services are diagnostic or active treatments related to the individual educational plan (IEP) or family support plan (FSP) with the intent to reasonably improve the individual's physical or mental condition or functioning. Any medical or remedial services will be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under state law. All requirements of 42 CFR 440.130 will be met.

Psychological services may include testing and evaluation that apprise cognitive, emotional and social functioning and self-concept; interviews and behavioral evaluations including interpretations of information about the individual's behavior and conditions relating to functioning; therapy, including providing a program of psychological services for the individual with diagnosed psychological problems; unscheduled activities for the purpose of resolving an immediate crisis situation and other medically necessary services within the scope of practice. Psychological services may be provided in either an individual or group setting.

School districts will be the Medicaid provider of services provided in the school setting. However, the state Medicaid agency will require school districts to verify that school-based treating psychologists or school psychologists are licensed or Department of Education (DOE) certified, or equivalent psychologists or are graduate degree psychologists obtaining the required work experience for licensing or DOE certification, working under the supervision of a licensed or equivalent psychologist or school psychologist. The state Medicaid agency will require an agreement with each school district to this effect and will monitor this factor.

Psychologists are required to have experience in providing services in school settings to Medicaid eligible children with multiple medical needs. Providers must be able to access children in school settings and must establish linkages in order to coordinate and consult with school authorities, as well as families, to assess a child's medical needs and identify treatment options.

Billable activities include: developmental assessment, case consultation, evaluation, and testing of the individual; therapy and counseling services with the individual, including face-to-face, collaborative, consultative, and crisis interventions. Procedure codes are Individual Psychological service and Group Psychological service - locally assigned codes to be established.

Medicaid recipients whose need for medically necessary services is not documented in an IEP or IFSP may receive the services at school but Medicaid cannot reimburse for those services unless they are receiving services due to Parts B or H under the Individuals with Disabilities Education Act (IDEA) or Title V due to free care policy.

Amendment 01-17 Effective 10/1/01 Supersedes 97-12 Approved FLB U 6 2002 EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

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